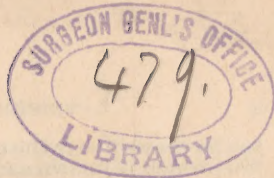


WILCOX (R. W.)



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Hydrastis, Viburnum, and Piscidia in the Diseases of the Female Organs of Generation.*

BY REYNOLD W. WILCOX, A. M., M. D.†

The great interest that has been excited by every acquisition to the Pharmacopœia of drugs that have a therapeutic action upon the female organs of generation proves conclusively that the profession at large asks for more than merely surgical gynecology. While the surgical methods of treating diseases peculiar to females have attained to a high standard and in technique leave but little to be desired, the requisite skill is by no means sufficiently widespread, nor indeed of low enough cost that all suffering women may be relieved. While our post-graduate schools are sowing broadcast the seeds of surgical gynecology and imparting the results of their experience to physicians from all portions of this country, yet, nevertheless, there remains a large proportion of the medical profession who seek to relieve by methods other than operative. Further, it is notorious that a specialist seeks the shortest road to relief and is apt to ignore other, perhaps longer but certainly pleasanter and finally surer, methods of treatment. While I would not in the slightest degree belittle the brilliant surgical results of our foremost gynecologists, yet I would submit that medical gynecology has a very important place.

The past decade has given us new drugs, new uses for drugs, and has firmly settled on a physiological basis the indications for the employment of certain drugs. In January, 1887, I read before the Alumni Association of the Woman's Hospital of New York a paper entitled "Hydrastis Canadensis in Uterine Hemorrhage," which was published in the New York Medical Journal under date of February 19, 1887. In this paper I presented the results of the employment of hydrastis in forty-three cases. The chief indication for its use is uterine hyperæmia, resulting in menorrhagia and metrorrhagia. Secondary results, such as endometritis fungosa, displacements, and permanent engorgements of the uterus, were naturally relieved by its use. The publication of this paper was followed by a greatly increased demand for the drug, its use by a large number of practitioners, and it has become one of the staple drugs of the pharmacy. When the diagnosis is well established and the drug is administered in accordance with the indications, success is as probable as with any other drug whose physiological action is well established. During my earlier studies certain disadvantages were found; menstruation was frequently suppressed, at times pains would be produced, although never the crampy pains of ergot, and all cases in which the amount of flow was below the normal were not relieved. Some of these were errors in administration; others were due to the peculiarities of the drug itself. Although in a chlorotic girl it might be well to produce cessation of the menses for a time, yet the mental disturbance of emansio mensium is generally unadvisable. The best results were obtained in cases of chronic hæmorrhage due to inflammation of uterine tissue, circumuterine inflammations, and also in displacements due to engorgement.

The abominable taste of the fluid extract of hydrastis was never concealed, and it was only possible to continue its administration when the results obtained were so excellent as to make its exhibition a necessity. Earlier experiments with the alkaloid hydrastine showed that the alkaloid did not fully represent the drug.

* Read before the Clinical Society of the New York Post-graduate Medical School and Hospital, November 29, 1890.

† Professor of Clinical Medicine in the New York Post-graduate Medical School and Hospital; Physician to the Demilt Dispensary.

In the present year the observations of Falk with an oxidation product of hydrastine, which is known as hydrastinine, have shown that, so far as menorrhagia, metrorrhagia, congestive dysmenorrhœa, and endometritis are concerned, it seems to act as well as the fluid extract. The dose is three quarters of a grain hypodermically. Its present great objection is the price.

Viburnum, since its introduction to the profession by Jenks, nearly fifteen years ago, has held its own as a remedy for dysmenorrhœa against many drugs then lauded to the skies, but now long forgotten. It will certainly relieve dysmenorrhœa if the testimony of thousands of intelligent physicians is worth anything. In the nervous phenomena of the climacteric it will diminish reflex activity, acting in precisely the same lines as the bromides, but without the great general depression of their long-continued use. Alone it is not sufficiently sedative to relieve pain, as is shown by the following case, when more markedly antispasmodic remedies—such as hyoscyamus, cannabis indica, camphor, conium, and *avena sativa*—must be employed:

Miss S. M., aged eighteen, first seen on March 26, 1890. Duration of illness, four years. Complaints of poor appetite, but the bowels are regular; the tongue is pale and flabby; anæmic murmur in neck. Menstruation at thirteen, always irregular, every four to seven weeks, lasting one or two days and scanty. Has severe pains in groins and back for twenty-four to thirty-six hours before flow; pain is constant and sharp, alternating with cramps and dull pains. Has much neuralgic headache during periods. Has passed clots on several occasions, but without relief of pain. At times has fainted. Tenderness over lower abdomen quite marked. Diagnosis: congenital antelexion, undeveloped uterus. Ordered fluid extract of viburnum, thirty drops every two hours during attack; concentrated tincture of *avena sativa*, twenty drops in hot water during crampy pains every twenty minutes until three doses are taken. Hot-water bag to abdomen; turpentine enemata. Hot sitz bath during day preceding flow. Bed during menstruation.

April 28th.—Flow greater in amount and pain much less. Viburnum alone does not relieve pain so much as when *avena sativa* is given with it.

June 12th.—Last period was a great improvement upon the preceding, due probably to the free administration of iron in the interval. Also did not suffer from neuralgic headaches. Is going into the country.

September 22d.—Last two periods have been almost entirely free from pain. Has taken iron faithfully since last report.

That viburnum is markedly sedative, so far as the uterus is concerned, is shown in that, if used after labor, it is one of the best remedies for post-partum pains, provided that they are not of mechanical origin. Deficient menstruation is not so great a bar to the employment of viburnum as it is to that of hydrastis. On the other hand, viburnum has a far more beneficial influence upon the heart and upon the general nutrition than hydrastis has.

Piscidia as a hypnotic attracted much attention about ten years ago. My own experiments were unsatisfactory, and other drugs have supplanted it as a hypnotic. Yet Ott's investigations in the physiological laboratory show that piscidia has a well-defined action, and, in connection with other drugs, undoubtedly has its use. Ott found (1) that piscidia was narcotic to frogs, rabbits, and men; (2) did not affect the irritability of the motor nerves; (3) did not attack the peripheral ends of the sensory nerves; (4) reduced reflex action by a stimulant action on the centers of Setchenow; (5) produced a tetanoid state by a stimulant action on the spinal cord, and not by a paralysis of Setchenow's centers; (6) dilated the pupil, which dilation passed into a state of contraction upon the supervention of asphyxia; (7) was a salivator; (8) increased the secretion of the skin; (9) reduced the frequency of the pulse; (10) and increased arterial tension by stimulation of the monarchical vaso-motor center; (11) that this increase was soon succeeded by a fall, due to weakening of the heart itself. Piscidia, in medicinal doses, produces muscular reaction, lowered sensibility, increased action of the heart, and increased arterial tension through stimulation of the vaso-motor center. Through its action on the muscular system it can supplement viburnum and neutralize hydrastis in spasmodic dysmenorrhœa. In all painful diseases of the uterus and annexæ it is of service through its power of lowering sensibility.

For the last year I have been experimenting with a preparation known as liquor sedans, manufactured by Parke, Davis & Co., which has the following formula? Hydrastis, 60 grains (represented by the white alkaloid); viburnum, 60

grains; piscidia, 30 grains, to each fluid ounce of the preparation. The drugs are combined with aromatics so that the mixture is not unpalatable, and presumably these additions have some therapeutic effect. The cases in which I made use of this formula have been those in which an operation was not possible, either because the patient's consent could not be obtained, or the patient could not be kept under control. Nor have I inserted cases in which local treatment was the most important feature. While all these cases were under observation and reported from time to time, yet none of them had regular local treatment, because, for various reasons, it was not possible.

CASE 1.—Mrs. D. G., thirty-five years old, had been sick for the last six years previous to the time when she was first seen in 1886. She complains of general debility, failure of health dating back to childbirth, with times of improvement. Thin, anæmic, of sanguino-bilious temperament. She has poor appetite, sometimes an accumulation of gas, discomfort after eating, pain in stomach and bowels, distention, rarely nausea, flatulence, constipation, suffers from hæmorrhoids, pain about heart, sometimes palpitation, occasionally faintness and shortness of breath without exertion. No cardiac or pulmonary physical signs. Sometimes has stoppage of urine for twelve hours; at times has frequent urination, every half hour, especially when tired; color of urine varies much. Has pain in loins.

The catamenia have always been accompanied by great pain during her entire menstrual life, profuse, lasting seven days, with cramps and clots, and much foul-smelling vaginal discharge. Has had one child, six years ago. Her pains occur five days before the flow appears, in back and sides, especially the left; worse on exertion. Has vertigo, neuralgia, sick headaches, chilly sensations. Great tenderness on percussion over eighth dorsal vertebra. Interrupted sleep. On examination, the vesico-vaginal septum is found to be hard, the cervix, with laceration to the right, soft, except at site of tear, which is hard and sensitive. Some cervical cysts, tenderness on the left side of the uterus, which is in good position. Some thickening in utero-sacral ligaments, but not especially tender. Laceration of perinæum with sensitiveness on examination. Urethral opening reddened. Some caruncula, very sensitive. Diagnosis: subinvolution of uterus, anteversion, hypertrophy of urethral mucous membrane. During the next six months she improved greatly under a small amount of local treatment, spending her summer in the country. Excessive flow was controlled by the fluid extract of hydrastis, and her general condition was improved by diet, tonics, and general medication. After about three years of comparative comfort she reported on January 19, 1890, that her symptoms had recently become much aggravated and that she was in nearly the same condition as in 1886. Liquor sedans, one drachm in water, three times daily for two months, was ordered.

May 12th.—Has had much less pain in back and left side since last report. Uterine leucorrhœa much improved and vaginal discharge much less; the amount of menstrual flow has diminished about one-half. Feels much improved both in general health and in regard to urinary symptoms.

October 1st.—The gain has been permanent; although not well, does not think that medication is necessary.

CASE 2.—Miss S. A., aged twenty-two, was seen on July 13, 1889. Has been sick for the last six years, complaining of fits. General surroundings good. Digestion perfect, excepting occasional constipation due to improper food; rarely suffers from palpitation of the heart; occasionally frequent urination, especially at time of periods. Catamenia at fifteen, regular, with normal flow. Preceding are pains in back and groins. During flow has fits, falls, sometimes localized convulsions; no frothing at mouth or biting of tongue; is sleepy after attacks, during which she loses consciousness. Has never injured herself during fits. Has no warning of impending attack; eyes are always closed. At times has had opisthotonos, but never general rigidity or general convulsions. Attacks have grown worse during the last two years, and occasionally has fits of lesser severity in intermenstrual period; is always of good temper and not hysterical. Diagnosis: antelexion, ovarian hyperæmia, hystero-epilepsy. Ordered to take liquor sedans for one week before and during menstrual flow, one drachm three times daily; to use plain food, avoid all fried food, tea, coffee, cake, candy; use oatmeal and plenty of fresh fruit; avoid stimulants; to have hot-water douches.

September 30th.—Has had four attacks since last report. Ovarian sensitiveness less marked. Ordered to take liquor sedans constantly.

December 22d.—One marked and two slight attacks; anteflexion is persistent, but canal admits a probe easily. To take liquor sedans only during menstrual flow.

June 6th, 1890.—To-day has had her first severe attack since last report. Has been menstruating with less pain than for two years. Ordered liquor sedans for two months.

September 25th.—Has had but one slight attack since last report; uses liquor sedans only during flow.

CASE 3.—Mrs. H. A. H., aged twenty-four years, had been ill for three months before she was first seen on May 17, 1889. The cause of her illness was overwork before complete recovery from parturition. She complains of poor appetite, constipation, pain on movement before the act, relieved by the passage. Rarely dizziness, sometimes palpitation of the heart. Slight cough, but no expectoration; no physical signs to be found in the chest. Frequent urination; color of urine varying; sometimes pain and smarting during the act; nothing abnormal found on chemical or microscopical examination. Menstruation regular every three weeks, lasting five days, profuse, followed by illy-smelling uterine and vaginal leucorrhœa. Has had one child, eighteen months old. Has also pain in the legs; feels as though "she would fall to pieces" on walking; pain on rising from a sitting position; headaches. Diagnosis: anteversion, purulent endometritis, exudation into left broad ligament, catarrhal urethritis, subinvolution of uterus. Ordered liquor sedans, one drachm four times daily; Fowler's solution with the bromides; full diet with full Emmet douche twice daily.

June 7th.—Much less uterine pain; induration of left broad ligament has diminished.

August 7th.—Has now no vaginal discharge; pain much lessened; uterus now nearly normal in size; can walk much better. Catamenial flow much lessened. Is now to use liquor sedans only during flow.

December 29th.—General health has much improved. Anteversion still remains, but, beyond some tension on the neck of the bladder, does not annoy the patient.

April 25, 1890.—Patient now considers herself much improved and uses liquor only when flow exceeds the normal. Has no vesical symptoms. Has gained about fifteen pounds in weight.

September 26th.—Patient reports that she is well.

CASE 4.—Mrs. C. W. O., aged thirty-five, was seen on January 6, 1890. Had been ill for three years. Her previous sickness had been catarrhal otitis media, resulting in deafness, and acute peritonitis. She complained of inappetence with marked constipation when enemata were not employed, faintness, dizziness, tinnitus, frequent urination when fatigued. Catamenia at fourteen, recurring every four or five weeks; generally scanty flow, which lasts three days. Of late, during last two years, has unexpected attacks of flooding, losing large amounts of blood, these attacks being at or about the normal menstrual periods. Has much constant pain in back, dragging pains on standing or much walking. Some glairy discharge from vagina. Traces origin of present attack to peritonitis following excessive tamponade, when she was confined to the bed for three weeks. Diagnosis: pelvic peritonitis, lactero-flection of uterus, induration of left broad ligament. Ordered Fowler's solution, to have liquor sedans, one drachm four times daily, during period, nourishing diet, Emmet douche, bed during menstrual epoch.

March 20th.—Patient takes her medicine with considerable regularity, but as regards douche leaves much to be desired. The exudation in the broad ligament has diminished as well as the tenderness.

July 3d.—A fair amount of improvement in her general condition, with but little change in local state since last report.

October 15th.—Patient professes great benefit from remedy.

CASE 5.—Miss W. S., aged thirty-three; when first seen on September 3, 1889, complained that she had suffered for ten years from dysmenorrhœa. Always well at other times excepting slight headaches. Appetite good, with excellent digestion and regular bowels. Painful and frequent urination only during period. Menstruation at thirteen, always regular. During the last ten years her periods have become more and more painful. This pain commences, about thirty-six hours before the flow, in the back, groins and in front, sharp, and obliging the patient to take to her bed, with severe cramps. The flow then begins and is

scanty at first, giving some relief to the pain. It then increases in amount, and much pain is followed by the expulsion of clots. The flow lasts three or four days, and recurs every twenty-eight days. Severe frontal headache during first two days of flow. Some cervical leucorrhœa. Diagnosis: congenital antelexion, retroversion of the third degree, some prolapsus. Ordered to take liquor sedans, one drachm four times daily for week before and during menstrual flow. Fothergill's pills should the flow be delayed; nourishing food, outdoor exercise.

January 2, 1890.—Periods are more tolerable, but still less pain; uterus in good position as regards version and prolapsus.

March 7th.—Of late the remedy seems ineffectual; passed sound, and dilated internal os.

April 12th.—Last period with much less pain, no headache, and was not confined to her bed.

June 27th.—Last two periods passed with much less than usual pain. Application of carbolic acid made to endometrium. Canal patent, and there is no leucorrhœa.

September 20th.—Last period practically painless while using liquor sedans.

CASE 6.—Miss S. H., twenty-eight years old, after an illness of two years was first seen November 24, 1889. Her lips are pallid; is troubled with atonic dyspepsia, constipation and considerable abdominal pain, faintness, dyspnœa on exertion, anæmic bruit in vessels of neck. Frequent urination at times of period, but no pain. Menstruation commencing at fifteen, is regular every four weeks, and lasts three days. Of late recurs every fourteen to twenty days and lasts a week, with profuse flow; vaginal leucorrhœa. Pain in loins and back. Diagnosis: menorrhagia; retroversion, second degree. Ordered liquor sedans, one drachm four times daily for week before and during menstrual flow. Daily movement of bowels to be secured by hygienic methods.

December 30th.—Result good; interval is lengthened to twenty-eight days, and flow is nearly normal.

February 19, 1890.—Time of flow, three days; amount is normal, and now has no pain.

CASE 7.—Miss S. M. P., aged twenty-five, was first seen June 2, 1889, after an illness of four years. She is anæmic, suffers from neuralgia and emansium of six days' duration. Complains of inappetence, headache, fullness of head, throbbing in temples, palpitation, frequent urination. Menstruation irregular, recurring every four to six weeks, lasting four days, with small amount of flow, cramps, and clots; color pale. Pain in back and loins, extending down sciatic nerves. Headache at the vertex. Diagnosis: congenital antelexion with retroversion of first degree. Ordered to take Fothergill's pills during premenstrual week, and one drachm of liquor sedans during flow.

June 24th.—Is much improved as regards pain during her last period. Flow still scanty, but did not pass clots.

February 1, 1890.—Is still anæmic, but periods are passed with comparative comfort.

June 5th.—A severe fall is followed by abdominal tenderness, much uterine colic, and considerable pain extending down both sciatic nerves, more marked, however, upon the right side. Retroversion is now of the second degree. Colic is relieved by twenty-drop doses of concentrated tincture of *avena sativa* every half hour in hot water.

20th.—Is passing through period with less than usual pain. Retroversion reduced by position. Complains much of sleeplessness, for which chloralamid in twenty-grain doses is ordered.

30th.—Greatly improved; chloralamid is to be omitted. To use liquor sedans during the flow.

September 29th.—During her stay in the country has greatly improved. Periods are now painless while using the remedy.

CASE 8.—Mrs. M. J. N., aged twenty-nine, was first seen on June 1, 1889; has been under great mental strain for several months. She was suffering from palpitation of the heart, faintness, vesical tenesmus, frequent urination at times of her period, poor appetite. Her conjunctivæ were yellowish, liver dullness enlarged, edge rounded, with some hepatic sensitiveness. Constipation, pain in back, groins and thighs, cramps, and bearing-down pains. Catamenia regular but profuse, backache worse on walking, slight vaginal leucorrhœa. Has also vertigo, insomnia, and general nervousness. Diagnosis: anteversion, laceration of cervix,

cystic degeneration of the same caused by a miscarriage three years previously. Ordered to take liquor sedans, one drachm three times daily, with thirty grains of sulphonal after dinner. Full diet. Emmet douche.

June 16th.—Has fewer cramps and less backache; urination nearly normal, frequent only when much upon her feet.

September 30th.—To use liquor sedans only during menstruation.

February 16, 1890.—Menstruation nearly normal in amount. Constipation relieved by Villacabras water.

May 23d.—Has gained ten pounds in weight; sleeps without drugs.

September 20th.—Considers herself well.

CASE 9.—Mrs. A. J., thirty-five years old, was first seen on March 5, 1890. She had been ill for three months, complaining of neuralgic headaches. Bowels moderately regular. Catamenia at fifteen. Had two children and several miscarriages. During the past three months her menstruation, although usually regular in time, has recurred every twelve to fourteen days and has lasted four days. This flow is profuse and is accompanied by fainting. Pain in the back is very marked during flow; at times pains in groins; some vaginal leucorrhœa. Diagnosis: laceration of perinaum of the second degree, laceration of cervix, retroversion of first degree, slight prolapsus, glandular endometritis. Ordered to take liquor sedans, one drachm thrice daily. Emmet douche.

April 6th.—Flow now recurs every three weeks and is less in amount. No more fainting attacks. No leucorrhœa.

June 25th.—Is now in good condition. Prolapsus relieved.

July 20th.—To omit medication except for three days before flow.

October 21st.—Flow normal and pains very slight.

CASE 10.—Mrs. R. H. E., aged thirty-five, was seen on December 30, 1889. Her sickness dates back three months. Is somewhat nervous, has slight choreic twitching of the face, rarely attacks of atonic dyspepsia. Bowels move regularly every day. Complains of frequent urination, especially after standing or walking. Has had several miscarriages and one living child, now three years old. Catamenia at thirteen, always regular, recurring every four weeks, generally profuse, and lasting five days. For last three months has noticed a yellowish-white vaginal discharge, which has increased in amount. Has considerable pain in the back, worse on walking, when she easily gets tired. Some increase in the amount of menstrual flow. Pain in back worse during periods. Diagnosis: retroversion of the second degree, catarrhal endometritis, cervical leucorrhœa. Ordered to take liquor sedans, one drachm thrice daily, constantly. Emmet douche, with alum.

January 19, 1890.—Vaginal discharge has markedly diminished; no pain in back; retroversion relieved by tamponade.

March 17th.—Patient much improved in general health; flow normal in amount, and has now no leucorrhœa; uterus is in good position.

September 2d.—Has returned from the country in excellent condition.

CASE 11.—Mrs. W. V. P., aged 32, was first seen on May 24th, 1889. She is 32 years old, and has been ill for six years. She complains of dizziness and faintness at times, but rarely of palpitation. Has a considerable amount of cervical leucorrhœa. Catamenia regular every four weeks, lasting eight days and very profuse, with cramps and clots; pain in the back, worse on walking; sometimes pain in the groin for two days preceding flow. Headaches, especially at times of period. Diagnosis: Endometritis simplex, antelexion, retroversion of first degree, with small uterine fibroid in anterior wall. Ordered liquor sedans, one drachm four times daily. Emmet douche.

May 27th.—Outerbridge's dilator inserted. Cervical leucorrhœa somewhat diminished in amount. Cervical canal will admit a uterine sound without difficulty. Uterus is in the normal position.

October 12th.—Now has no more cramps, and rarely clots; flow much diminished in amount. Takes liquor sedans only during period.

December 6th.—Periods are now at full time, and occasionally a few days beyond.

April 7, 1890.—Has now no pain. Cervical canal patent; general health much improved.

September 12th.—No pain or vaginal discharge; is in excellent condition.

In the recording of these cases I have endeavored to give a faithful picture and an accurate report of the results. From these we may say that in all cases of

hyperæmia of the female reproductive system we have in liquor sedans a safe and reasonably sure remedy. In many spasmodic diseases, and in a few cases of anæmia of these organs, we find the remedy also indicated. It certainly has a wider field of usefulness than any single drug, and if used after a careful diagnosis is established, and after thorough appreciation of the pathological conditions that exist, we can anticipate a successful issue so far as improvement is possible from purely medical methods.

690 Madison Ave., October 31, 1890.

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EACH FLUID OUNCE CONTAINS:

Black Haw, - - - - -	60 Grains.
Golden-seal (represented by its chief alkaloidal constituent), -	60 Grains.
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Combined with Aromatics.	

Physicians who have given special thought or study to the subject maintain that the conditions of modern life foster uterine and ovarian disorders, and the result is gynecologists flourish, and medicaments addressed to regulating these disordered functions are in great demand.

While many uterine and ovarian troubles can be remedied only by mechanical means or surgical procedures, perhaps the majority are not sufficiently grave to require operative treatment. Among these latter may be classed many cases of dysmenorrhœa and ovarian hyperæsthesia for the relief of which the patients resort periodically to alcohol, the narcotics or some of the much vaunted nostrums in the market.

A careful study of medical literature for the past few years and the great importance ascribed by many medical writers, teachers and practitioners to Black Haw (*Viburnum Prunifolium*) in regulating uterine function; the specific action of Golden-seal (*Hydrastis Canadensis*) in the catarrhs accompanying uterine irregularity, and the well known anodyne and sedative value of Jamaica Dogwood (*Piscidia Erythrina*) and its freedom from the depressing after effects of opium preparations, suggested to us the propriety of offering a palatable combination of these three remedies.

We offer this to the profession under the name of **Liquor Sedans** and feel certain that it will be found a most convenient and serviceable combination for a very large class of cases of dysmenorrhœa, ovarian irritability and irregularity of the utero-ovarian functions.

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